

**Montgomery County Department of Recreation – 4010 Randolph Road, Room 306, Silver Spring MD 20902**  
**League Director: Brad Roos (W) 240-777-6870 (F) 240-777-6890**

**SPRING 2011 – TEAM ROSTER**

*(Please print legibly)*

**Team Name:** \_\_\_\_\_

**Coach's Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**ADULT SOCCER**

**Level:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Circle One:    Men's    Women's    CoRec**

**Division:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**Jersey Color:** \_\_\_\_\_

The Participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tape made of the program. If the participant is a minor, the parent or guardian must approve his or her participation in the program.

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